

BULLYING REPORT FORM

The City of Edina maintains policies prohibiting discrimination, harassment, and bullying. Please use this form to report incidents of bullying.

Person completing report: _____

Home address: _____

Home phone: _____

Work phone: _____

Date of alleged incident(s): _____

Name of person(s) you believe bullied you or another person.

If the alleged bullying was toward another person(s), identify that person(s).

Where and when did the incident(s) occur?

Describe the incident(s) in as much detail as possible, including the following information as relevant: what force was used; verbal statements made, physical contact made, or written interaction. Attach additional pages if needed.

List any witnesses that were present.

This complaint is filed based on my honest belief that the above incident(s) has occurred. I certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge and belief.

Signature: _____ Date _____

Received by: _____ Date _____

Please submit to Recreation Supervisor Kristin Aarsvold, 4801 West 50th Street, Edina MN 55424.